



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification ⁷ : A61K 33/04	A1	(11) International Publication Number: WO 00/61154 (43) International Publication Date: 19 October 2000 (19.10.00)
(21) International Application Number: PCT/CA99/00892 (22) International Filing Date: 27 September 1999 (27.09.99) (30) Priority Data: 2,265,926 8 April 1999 (08.04.99) CA 60/128,360 8 April 1999 (08.04.99) US (71)(72) Applicant and Inventor: KHAN, Airudin, S. [CA/CA]; Suite 204, 279 Wharncliffe Road North, London, Ontario N6H 2C2 (CA).		(81) Designated States: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG). Published <i>With international search report.</i>
(54) Title: COMPOSITION, CONTAINING SUBLIMED SULPHUR, FOR ALTERING PLASMA HOMODYST(E) LEVELS IN HUMANS		
(57) Abstract <p>Plasma homocysteine values > 10.2 μmol per litre are associated with an increased risk of atherothrombosis, but normal values are considered to be 4 to 15 μmol per litre. An initial test subject with Hyper-homocystinemia and lactose intolerance was treated with Sublimed Sulfur 300 mg orally twice daily for 45 days. An additional 46 randomly selected subjects were treated with Sublimed Sulfur 200 mg orally daily for 30 days. Basal control plasma homocysteine, erythrocyte folic acid and serum vitamin B12 and lipids were compared with follow-up results obtained 24 hours and 30 days after discontinuation of Sublimed Sulfur. In the initial test subject, basal plasma homocysteine of 77 μmol per litre decreased by 95.7 percent. In the 46 patients, the effect of Sublimed Sulfur varied according to the initial basal plasma homocysteine concentration; basal levels of 2.3 to 7 μmol per litre increased by 58.5 percent (p < 0.001) 24 hours after discontinuation of treatment, and by 85.4 percent 30 days later; basal levels of 7.1 to 9.9 μmol per litre showed no consistent changes, and basal levels of 9.9 to 22.1 μmol per litre decreased to 63.9 percent (p < 0.005) of basal levels 24 hours after discontinuation of Sublimed Sulfur, and to 70.7 percent of basal levels 30 days later. Sublimed Sulfur therapy eliminated the initial plasma homocysteine differences between low, intermediate and high basal levels. Sublimed Sulfur therapy normalized plasma homocysteine by causing a regression towards the mean of basal plasma homocysteine levels.</p>		

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece			TR	Turkey
BG	Bulgaria	HU	Hungary	ML	Mali	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MN	Mongolia	UA	Ukraine
BR	Brazil	IL	Israel	MR	Mauritania	UG	Uganda
BY	Belarus	IS	Iceland	MW	Malawi	US	United States of America
CA	Canada	IT	Italy	MX	Mexico	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NE	Niger	VN	Viet Nam
CG	Congo	KE	Kenya	NL	Netherlands	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NO	Norway	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	NZ	New Zealand		
CM	Cameroon		Republic of Korea	PL	Poland		
CN	China	KR	Republic of Korea	PT	Portugal		
CU	Cuba	KZ	Kazakstan	RO	Romania		
CZ	Czech Republic	LC	Saint Lucia	RU	Russian Federation		
DE	Germany	LI	Liechtenstein	SD	Sudan		
DK	Denmark	LK	Sri Lanka	SE	Sweden		
EE	Estonia	LR	Liberia	SG	Singapore		

COMPOSITION, CONTAINING SUBLIMED SULPHUR, FOR ALTERING PLASMA HOMODYST(E) LEVELS IN HUMANS

DESCRIPTION

Background Hyper-homocysteinemia is a risk factor for venous thrombosis and atherothrombosis of the coronary, carotid, cerebral, central and peripheral arteries.¹⁻¹³ Elevated plasma homocysteine concentrations have been reported in chronic renal failure,¹⁴⁻¹⁵ hypothyroidism, pernicious anemia,¹⁶ advancing age and several types of carcinoma, including breast, ovarian and pancreatic,¹⁷ and in deficiencies of vitamin B12, folic acid,¹⁸⁻¹⁹ vitamin B6,²⁰ methionine synthase and cystathionine-Beta-synthase.²¹ The complications due to atherothrombosis are reported to be associated with plasma homocysteine concentrations > 10.2 $\mu\text{mol per litre}$ ²² but the normal laboratory values are considered to be 4 to 15 $\mu\text{mol per litre}$.²³ The apparent contradiction between plasma homocysteine concentrations reported to be normal and the values associated with an increased risk of atherothrombosis suggested that one or more additional factors may be necessary for alteration of plasma homocysteine concentrations. Elemental sulfur, an integral component of the sulfur-containing essential amino acids and sulfur-containing enzymes, was considered to be a possible necessary factor, and a clinical study was undertaken to determine the effect of orally administered elemental Sulfur on the Sulfur -containing essential amino acid, homocysteine. Orally administered Sublimed Sulfur USP, and also precipitated sulfur, has been mixed with molasses and used as a laxative.²⁴⁻²⁶

Methods An initial test subject with hyper-homocysteinemia of 77 μmol per litre was treated with Sublimed Sulfur. An additional 46 subjects, 31 men and 15 women were randomly selected. The subjects had single or multiple diagnoses of generalized atherosclerosis, hypertension, myocardial infarction, angina pectoris, peripheral vascular disease, coronary angioplasty, diabetes mellitus, hyperlipidemia, hypothyroidism, past history of carcinoma, hiatus hernia, osteoarthritis and osteoporosis, depression, obstructive airways disease, bronchial asthma, essential tremour, hiatus hernia and the postmenopausal state. A 30 day course of Sublimed Sulfur 200 mg, 1 capsule orally pc breakfast daily, was added to existing medical therapy which was continued unchanged for the duration of the study. Each subject's basal plasma homocysteine was compared with results obtained 24 hours and 30 days after discontinuation of Sublimed Sulfur. Basal and follow-up comparisons were also made for erythrocyte folic acid and serum levels of vitamin B12 and lipids. The subjects did not receive betaine, vitamin B12, folic acid and vitamin B6 during the course of the study.

The Wilcoxon T test was used to evaluate the quantitative data. Numerical values indicate the mean and standard error of the mean.

Results The initial test subject's basal plasma homocysteine of 77 μmol per litre decreased by 95.7 percent. In the 46 additional subjects, the effect of the Sublimed Sulfur varied according to the initial basal plasma homocysteine concentration; low basal plasma homocysteine levels generally increased and

high basal plasma homocysteine levels usually decreased after completion of the 30 day course of Sublimed Sulfur; basal levels of 2.3 to 7 μmol per litre (N=15) increased by 58.5 percent ($P < 0.001$) 24 hours after discontinuation of treatment, and by 85.4 percent 30 days later; basal levels of 7.1 to 9.9 μmol per litre (N=15) showed no consistent changes, and the basal levels of 9.9 to 22.1 μmol per litre (N= 16) decreased to 63.9 percent ($P < 0.005$) 24 hours after discontinuation of Sublimed Sulfur, and to 70.7 percent of basal levels 30 days later.

There were no adverse effects on the pulse rate and rhythm, blood pressure and electrocardiograms. There were no significant changes of the complete blood count, urinalysis, erythrocyte folic acid and serum levels of vitamin B12, creatinine, electrolytes, uric acid, glucose, aspartate transaminase, total cholesterol, high-density lipoprotein cholesterol, triglycerides, and calculated levels of low-density lipoprotein cholesterol and total cholesterol/high-density lipoprotein cholesterol ratio. There were no reports of adverse effects by the subjects.

Conclusions Sublimed Sulfur therapy caused a regression towards the mean of basal plasma homocysteine levels and normalized plasma homocysteine to between 7.5 and 8.5 μmol per litre in subjects with normal levels of erythrocyte folic acid and serum vitamin B12. Sublimed Sulfur is an effective treatment for the alteration of plasma homocysteine in medical conditions associated with abnormal plasma homocysteine levels.

References

1. McCully KS. Vascular pathology of homocysteinemia: implications for the pathogenesis of arteriosclerosis. *Am J. Pathol* 1969;56:111-28.
2. McCully KS. Homocysteine and vascular disease. *Nat Med* 1996;2:386-9.
3. Ueland PM, Refsum H, Brattstrom L. Plasma homocysteine and cardiovascular disease. In: Francis RB Jr, ed. *Atherosclerotic cardiovascular disease, hemostasis, and endothelial function*. New York: Marcel Dekker, 1992:183-236.
4. Stampfer MJ, Malinow MR. Can lowering homocysteine levels reduce cardiovascular risk? *N Engl J Med* 1995; 332:328-9.
5. Boers GHJ, Smals AGH, Trijbels FJM, et al. Heterozygosity for homocystinuria in premature peripheral and cerebral occlusive arterial disease. *N Engl J Med* 1985;313:709-15.
6. Clarke R, Daly L, Robinson K, et al. Hyperhomocysteinemia: an independent risk factor for vascular disease. *N Engl J Med* 1991;324:1149-55.
7. Malinow MR. Hyperhomocyst(e)inemia: a common and easily reversible risk factor of occlusive atherosclerosis. *Circulation* 1990;81:2004-6.
8. Kang SS, Wong PWK, Malinow MR. Hyperhomocyst(e)inemia as a risk factor for occlusive vascular disease. *Annu Rev Nutr* 1992;12:279-98.
9. Boushey CJ, Beresford SA, Omenn GS, Motulsky AG. A quantitative assessment of plasma homocysteine as a risk factor for vascular disease: probable benefits of increasing folic acid intakes. *JAMA* 1995;274:1049-57.
10. Mayer EL, Jacobsen DW, Robinson K. Homocysteine and coronary atherosclerosis. *J Am Coll Cardiol* 1996;27:517-27.
11. Duell PB, Malinow MR. Plasma homocyst(e)ine: an important risk factor for atherosclerosis vascular disease. *Curr Opin Lipidol* 1997;8:28-34.
12. Malinow MR, Kang SS, Taylor LM, et al. Prevalence of hyperhomocyst(e)inemia in patients with peripheral arterial occlusive disease. *Circulation* 1989;79:1180-8.
13. Malinow MR, Sexton G, Averbuch M, Grossman M, Wilson D, Upson B. Homocyst(e)inemia in daily practice: levels in coronary heart disease. *Coronary Artery Dis* 1990;1:215-20.
14. Wilcken DE, Gupta VJ. Sulphur containing amino acids in chronic renal failure with particular reference to homocystine and cysteine-homocysteine mixed disulphide. *Eur J Clin Invest* 1979;9:301-7.

References

15. Chauveau P, Chadeaux B, Coude M, et al. Hyperhomocysteinemia, a risk factor for atherosclerosis in chronic uremic patients. *Kidney Int Suppl* 1993;41:S72-S77.
16. Savage DG, Lindenbaum J, Stabler SP, Allen RH. Sensitivity of serum methylmalonic acid and total homocysteine determinants for diagnosing cobalamin and folate deficiencies. *Am J Med* 1994;96:239-46.
17. Mayer EL, Jacobsen DW, Robinson K. Homocysteine and coronary atherosclerosis. *J Am Coll Cardiol* 1996;27:517-27.
18. Brattstrom LE, Israelsson B, Jeppsson JO, Hultberg BL. Folic acid an innocuous means to reduce plasma homocysteine. *Scand J Clin Laboratory Invest* 1988;48:215-21.
19. Malinow MR, Duell PB, Hess DL, et al. Reduction of plasma homocyt(e)ine levels by breakfast cereal fortified with folic acid in patients with coronary heart disease. *N Engl J Med* 1998;338:1009-15.
20. Saltzman E, Mason JB, Jacques PF, et al. B vitamin supplementation lowers homocysteine levels in heart disease. *Clin Res* 1994;42:172A. Abstract.
21. Mudd SH, Levy HL, Skovby F. Disorders of transsulfuration. In: Scriver CR, Beaudet AL, Sly WS, Valle D, eds. *The metabolic and molecular bases of inherited disease*. 7th ed. Vol. 1. New York: McGraw-Hill, 1995;1279-327.
22. Ueland PM, Refsum H, Stabler SP, Malinow MR, Andersson A, Allen RH. Total homocysteine in plasma or serum: methods and clinical applications. *Clin Chem* 1993;39:1764-79.
23. Jacobsen DW, Gatautis VJ, Green R, et al. Rapid HPLC determination of total homocysteine and other thiols in serum and plasma: sex differences and correlation with cobalamin and folate concentrations in healthy subjects. *Clin Chem* 1994;40:873-81.
24. Cushny AR, Grollman A, Slaughter D. *Pharmacology and Therapeutics*. Thirteenth Edition. 1947;245.
25. Goodman L, Gilman A. *The Pharmacological Basis of Therapeutics*. Fifteenth Printing April 1947. 1941;870-71.
26. Gaddum JH, *Pharmacology*. Fifth Edition, Oxford University Press. 1959;274.

Claims

1. A regimen of treatment with Sublimed Sulfur alters plasma homocysteine levels.
2. Treatment with Sublimed Sulfur as defined in claim 1 increases low levels of plasma homocysteine and decreases high levels of plasma homocysteine.
3. Treatment with Sublimed Sulfur as defined in claim 1 and claim 2 causes plasma homocysteine levels to be maintained within the normal range.
4. Sublimed Sulfur alters plasma homocysteine levels as defined in Claim 1, Claim 2 and Claim 3 when administered together with:

follic acid,
follic acid and vitamin B6 (pyridoxine),
vitamin B12 (cyanocobalamin) and vitamin B6 (pyridoxine),
vitamin B12 (cyanocobalamin) and folic acid,
vitamin B12 (cyanocobalamin), folic acid and vitamin B6 (pyridoxine),
multi-vitamins,
and foods.

5. Treatment with Sublimed Sulfur as defined in claim 1, claim 2, claim 3 and claim 4 normalizes plasma homocysteine concentrations in

generalized atherosclerosis,
accelerated atherosclerosis,
atherothrombosis,
coronary atherosclerosis,
ischemic heart disease,
angina pectoris,
coronary thrombosis,
myocardial infarction,
atrial arrhythmias,
ventricular arrhythmias,
cardiac nerve degeneration due to atherosclerosis,
carotid atherosclerosis,
recurrent cerebral embolisation,
cerebral atherosclerosis,
transient ischemic attacks,
stroke,
atherosclerotic cerebral degeneration,
peripheral atherosclerosis,
peripheral ischemia,
nerve degeneration due to atherosclerosis in peripheral ischemic neuropathy,
hypertension secondary to generalized atherosclerosis,
atherosclerotic complications of diabetes mellitus,
nerve degeneration due to atherosclerosis in diabetic neuropathy,

recurrent thromboembolism,
deep vein thrombosis and pulmonary embolism,
recurrent pulmonary embolism,
venous thrombosis in cancer,
gout,
Alzheimer's disease,
nephrosclerosis,
chronic renal failure,
menopause,
hypothyroidism,
pernicious anemia,
psoriasis,
leukemias,
cancer,
breast cancer,
ovarian cancer,
pancreatic cancer,
osteoporosis due to atherosclerosis,
and the aging process due to atherosclerosis.

INTERNATIONAL SEARCH REPORT

International Application No

PCT/CA 99/00892

A. CLASSIFICATION OF SUBJECT MATTER

IPC 7 A61K33/04

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	EP 0 581 972 A (VERDE GIANCARLO U) 9 February 1994 (1994-02-09) claims ---	1-5
A	EP 0 615 757 A (GRIMBERG GEORGES SERGE) 21 September 1994 (1994-09-21) page 2 ---	1-5
A	FR 2 228 470 A (DEGEMONT MARGUERITE) 6 December 1974 (1974-12-06) claims ---	1-5
A	US 4 976 970 A (LANDY WADY N) 11 December 1990 (1990-12-11) claims -----	1-5



Further documents are listed in the continuation of box C.



Patent family members are listed in annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier document but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

"&" document member of the same patent family

Date of the actual completion of the international search

21 March 2000

Date of mailing of the international search report

29/03/2000

Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,
Fax: (+31-70) 340-3016

Authorized officer

Leherte, C

INTERNATIONAL SEARCH REPORT

International application No.

PCT/CA 99/00892

Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☒ Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:
Remark: Although claim(s) 1-5
is(are) directed to a method of treatment of the human/animal
body, the search has been carried out and based on the alleged
effects of the compound/composition.
2. ☐ Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such
an extent that no meaningful International Search can be carried out, specifically:
3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this International Search Report covers all
searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment
of any additional fee.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this International Search Report
covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is
restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest.
- ☐ No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/CA 99/00892

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
EP 0581972 A	09-02-1994	US 4985257 A	15-01-1991
EP 0615757 A	21-09-1994	FR 2702655 A	23-09-1994
		CA 2119192 A,C	19-09-1994
FR 2228470 A	06-12-1974	BE 880328 A	17-03-1980
US 4976970 A	11-12-1990	MX 9203208 A	01-07-1992